

Project Abstract

Washington State Home Visiting Needs Assessment Planning

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Introduction: Washington State agencies and the Governor's Office are working together to develop our Maternal, Infant and Early Childhood Home Visiting Program project vision and plans for coordination. DOH Office of Maternal and Child Health, the state Title V agency, is staffing the Needs Assessment and acting as fiscal agent. The State Department of Early Learning will be responsible for project planning and coordination of a Cross Agency Governance Structure. Public and private partners are collaborating in this project.

Existing home visiting programs: Washington State does not have any evidenced based home visiting programs that serve the entire state. Four evidence-based models are currently running in many Washington communities. Additionally, home visiting services for pregnant women and children are available through First Steps, the state's enhanced Medicaid program for pregnant women and infants. A number of other public and private programs also include home visiting components.

Availability, gaps, and capacity to assemble required data and information: DOH is inventorying data available for the Needs Assessment, gaps in the data, and state capacity to assemble needed data. We have access to or can locate most types of data needed for the assessment. Potential gaps and obstacles include:

- Some required data may not be available or may not be available at the appropriate geographic level
- It may be difficult to integrate data from different sources and geographic levels.

Involving partners and stakeholders in the Needs Assessment: Partners and stakeholders are helping identify data sources and key indicators for the Needs Assessment. We are involving, informing, and getting input from partners through webinars, a listserv, a website and an email-box.

Grant administration and decision making: Washington State intends to apply for the grant to deliver evidence-based early childhood home visiting services. Decision making authority for the Washington State Home Visiting program will rest with a Cross Agency Governance Structure consisting of the Department of Early Learning, the Department of Health, the Department of Social and Health Services, and the Council on Children and Families. The Department of Health will be the program fiscal agent and administer program funds. The Department of Early Learning will coordinate the Cross Agency Governance Structure and program planning.

Key project processes, including those for identifying the high risk populations to be served, selecting the program models to adopt, and identifying measurable, realistic project benchmarks, will be developed collaboratively by project partners based on the Needs Assessment and federal requirements. Washington assures that this project will comply with all grant requirements.

Technical assistance needs: Technical assistance needs include designing effective cross agency governance structures, defining and prioritizing high risk communities, assuring home visiting program cultural sensitivity, and documenting existing home visiting programs in an organized and meaningful way.

Budget Justification

Year One—14 ½ months

July 15, 2010 to September 30, 2011

Overview: The Washington State Home Visiting Program will be administered by a Cross Agency Governance Structure that will have decision authority for expenditures, targeting, selection of home visiting model, and other major decisions. The Cross Agency Governance Structure will consist of the Department of Early Learning (DEL), the Department of Health (DOH), the Department of Social and Health Services (DSHS), and the Council for Children and Families (CCF).

Coordination of the Cross Agency Governance Structure and primary program planning will be the responsibility of DEL.

DOH will act as fiscal agent and have primary responsibility for conducting the Needs Assessment. The contracted cost below will span the entire project period. All other costs are expected to be incurred during the Needs Assessment phase (approximately 2 ½ months).

DOH Personnel Costs: DOH will employ a needs assessment team consisting of three Health Service Consultants 3s, an Epidemiologist 3, and a Health Services Consultant 4 to complete the needs assessment. The needs assessment portion of the project period will require a higher level of effort from these staff than the remaining portion of the project.

55,851

Travel: Local ground transportation from Olympia, Washington to other locations in Washington, for DOH needs assessment planning team to meet with partners on a regular basis and with other groups as needed. DOH travel policies require that employees use state owned vehicles, if available. If a state owned vehicle is not available, DOH reimburses employees for mileage at the standard federal mileage rate (currently .50/per mile). This category also includes DOH meeting costs.

875

Supplies: Office supplies (costs are based historical MCH office wide averages)

404

Contractual Costs: Interagency agreement with Department of Early Learning (DEL).

DEL will coordinate a Cross Agency Governance Structure that will have decision authority for expenditures, targeting, selection of home visiting model, and other major decisions. The Cross Agency Governance Structure will consist of DOH, DEL, DSHS, and CCF.

DEL will coordinate program planning in conjunction with the Cross Agency Governance Structure.

DEL will convene a Partnership Group that will advise the Cross Agency Governance Structure. The Partnership Group will consist of other state agencies, private organizations, and family and community representatives.

DEL will convene and coordinate expert panels and other workgroups as needed. These will have broad representation designed to promote input and expertise from academia, the community, home visiting programs, advocates, and families.

This interagency agreement will ensure that no more than \$500,000 in grant funds **1,213,654**

Budget Justification

are spent prior to Washington State submitting an approvable Needs Assessment and updated State Plan for Home Visiting.

Other Costs: Based on historical MCH office wide averages (includes communications, rent, employee training and development, printing and data processing, GIS desktop licensing, and computer technical assistance).

11,730

Total Direct Charges

1,282,514

Indirect Charges, provisional indirect rate:

Contractual (1.2%)

14,564

Other (21.4%)

14,736

Total Indirect Charges

29,300

DOH Grand Total

1,311,814

Existing Resources and Other Sources of Support: Other sources of support within DOH include content experts in existing programs at DOH, including Maternal, Infant, Child, and Adolescent Health; and Maternal and Child Health Assessment. Staff in these areas will provide technical assistance and support to the Home Visiting Project Manager. DSHS, DEL, OSPI, CCF, and other partners will also likely contribute staff and resources to this project over and above those paid for through contract with DOH.

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- Attachment 1: Key personnel job descriptions
- Attachment 2: Letters of support
- Attachment 3: Proposed interagency agreement with Department of Early Learning
- Attachment 4: Project organizational chart
- Attachment 5: Other relevant documents — Data Road Map

Project Narrative

Introduction

Washington State is excited about the opportunity Congress has given the states with the Affordable Care Act Maternal, Infant and Early Childhood Home Visiting Program. State agencies and the Governor's Office are working together to develop our project vision and plans for coordination. The state Department of Health's (DOH) Office of Maternal and Child Health, the state Title V agency, is staffing the Needs Assessment. Public and private partners are collaborating in this project.

Inventory of Needs Assessment information/data currently available:

Data on communities and concentration of risk factors

Sources of data on all the indicator topics for concentration of risk factors have been identified and are available from sources familiar to project staff. Detailed discussions on the specific content of each data source are currently underway. (See table below for a summary of the various indicators, the dataset and the host agency and Attachment 5 for more details).

Most of these data are available at the county level or lower. The Vital Statistics data (birth, death) are geocoded to the census tract, block, and school district level. Hospitalization data are available at the zip code and county level. Three surveys generate data that potentially could be important to the Needs Assessment: the Healthy Youth Survey (HYS) of grades 6, 8, 10, 12; the Behavioral Risk Factor Survey (BRFSS) of adults; and the Pregnancy Risk Assessment Monitoring Survey (PRAMS) of new mothers. We can generate county and school district level results for the youth survey, and county estimates for other two surveys.

Community Indicator Data Available by Source and Agency

Indicator topic	Data Source/Agency
Premature birth	Birth certificate/DOH
Low birth weight infants	Birth certificate/DOH
Infant mortality	Death certificates/DOH
Infant death due to neglect	Child Protective Services (CPS) data/Department of Social and Health Services (DSHS)
Other indicators of at-risk prenatal, maternal, newborn, or child health	
Prenatal care access	Birth certificates/DOH
Teen pregnancy	Pregnancy file/DOH
Child mortality and injury	Death certificates/DOH
	Hospital Discharge data
Adverse Childhood Experiences Study	BRFSS
First Time mothers	Birth certificates
Medicaid Births	DSHS (First Steps database)
Poverty	American Community Survey/US Census Bureau
	Current Population Survey/Office of Financial Management

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Crime	Uniform Crime Reports/Washington State Police and Sheriffs (WSPC), Office of Superintendent of Public Instruction (OSPI)
Domestic violence	Uniform Crime Reports/WSPC Survey Data—BRFSS, PRAMS, HYS/DOH
High rates of high school drop-outs	OSPI
Substance abuse	DSHS —Substance Abuse/RDA Survey Data—BRFSS, PRAMS, HYS/DOH
Unemployment	U.S. Bureau of Labor Statistics, Washington State Employment Security
Child maltreatment	Child Protective Services/DSHS

Quality and capacity of existing programs or initiatives for early childhood home visitation

There are a number of home visiting programs operating across Washington. Each of these programs can provide data on the number of individuals and families served statewide. Availability of other data such as demographic and other client data varies by program. We have identified statewide contact people and requested initial information from the four evidence-based models being used in Washington State. As we identify data needed from these programs—based on the Needs Assessment guidance, input from stakeholders, and initial analysis—we will work with these programs to identify the best available data for this analysis.

Washington's capacity for providing substance abuse treatment and counseling

Washington State's Division of Behavioral Health and Recovery (DBHR) within the Department of Social and Health Services (DSHS) administers Washington's state-funded substance abuse treatment and counseling services for individuals and families. DOH Needs Assessment project staff have connected with appropriate DBHR staff to learn about what data is available from DSHS and plan to explore additional data available through other state and local sources.

DOH is obtaining information on the current services available to individuals and families across the state, the number of children and parents being served, and the number and types of providers available. DOH is also exploring the community readiness for service implementation. DOH is inquiring about the current service system for children and their families in the state—examining data related to Medicaid-only versus State-funded services, contracted services, prevention services, and eligibility criteria for both children and adults receiving substance abuse treatment and counseling services.

Gaps in currently available information

Community and risk factor data

There are two potential types of gaps in the community and risk factor data:

- Some specific data indicators that may be required in the guidance may not be available.
- Although the indicators may be available, we may not be able to get some desired data at the appropriate geographic level which could impact our ability to identify specific high-risk communities.

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In both cases it will take review of the Needs Assessment guidance and further analysis to determine the significance of these gaps.

The degree of geographic specificity needed will depend on the definition of *community* in the Needs Assessment guidance, our analysis and the needs of the various models that may be funded. Most of the community and risk factor data discussed above is available at least at the county level, although the PRAMS and BRFSS county data are synthetic estimates. DOH has access to raw birth and death certificate data and can generate rates at multiple geographic levels. We are still learning which formats other agency data are available in and whether we will be able to access raw data files that we may need to pinpoint high-risk communities and generate maps. We work with partner agency staff to determine how best to work with those datasets and identify alternative data sources, if necessary.

State home visiting data

A comprehensive inventory of existing home visiting programs in Washington State does not exist. We are working with partners to identify programs and reviewing information about evidence-based home visiting that was prepared several years ago by the State's Title II CAPTA agency, Council for Children and Families (CCF), in partnership with other state agencies and stakeholders. Since there are many programs with different approaches and goals, we anticipate that they may have different types and formats of data available. Furthermore, some programs' data may be more accessible than others, depending on the types of records kept and whether it is aggregated. As we attempt to gather numbers and types of children and families served by local programs, we anticipate challenges in obtaining and analyzing this data due to limited resources both at local and state levels.

Substance abuse treatment and counseling data

As we continue to learn about the data available and the Needs Assessment requirements, we will identify gaps in the state substance abuse treatment and counseling data. In its collaboration efforts, DOH is meeting with other state agencies, such as the Division of Behavioral Health and Recovery within the Department of Social and Health Services to discuss potential gaps. An area where DOH anticipates a weakness is in obtaining information from the private-funded services network, since the private sector is comprised of a large number of separate entities and there may be challenges to sharing data. We will assess whether private sector data is needed for the Needs Assessment. Another potential gap for the Needs Assessment is that the state presently lacks treatment facilities for pregnant adolescents. This may make it difficult to find and gather data on young women of child bearing age (15-17). A third potential gap is determining whether we will be able to adequately collect data related to tobacco use and treatment within the state. We will assess whether this data is available.

Capacity to assemble required Needs Assessment information and data

DOH's Office of Maternal and Child Health (OMCH) Assessment section routinely collaborates and coordinates with many of the pertinent assessment stakeholders, both within DOH and with other state agencies and local health jurisdictions. The Assessment section currently has eight experienced epidemiologists familiar with many of the data sources. They also have expertise in evaluation and in quantitative and qualitative methods. We have extensive experience in analyzing birth, death, and survey data. DOH has resources for geographic analysis and mapping of results.

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We have identified some obstacles to timely, comprehensive, quality data collection:

- Data from different sources and different geographic levels may not be easily integrated. Definitions, such as race or ethnicity, may vary. Datasets may cover different time periods, and some may be available for more recent periods than others.
- The scope and variation of the home visiting program data may impede our ability to gather and analyze all of the existing home visiting data within the Needs Assessment timeframe. The programs are administered at the local level, and data may not be summarized in an accessible format.

These barriers, if encountered, will not be insurmountable. We will work closely with partner agencies to overcome any identified obstacles. Although there may be a potential barrier to integrating data with differing definitions, it will be an opportunity to learn the definitions used by partner agencies we have not shared with before. Depending on how different datasets are constructed, we may need to aggregate variables into larger sets. For example, we anticipate that different agencies will collect race and ethnicity data differently. If so, we may need to either keep them separate or aggregate them into the largest common values (for example, white and non-white). Data sets with a small number of events, such as infant mortality data, will need to be aggregated across multiple years to be statistically meaningful below the state level. If there is too much data to consider, we will use the guidance to identify which variables are core and which are not. One possibility to explore will be the potential distribution of analytic responsibility. If partner agencies want to include variables that do not match the core variables identified in the guidance. They may be able to do their own analysis following a standardized protocol for later submission.

This funding will provide an opportunity for collaboration of data collection and analysis, program implementation, strategic planning, and connection to related initiatives and resources at the federal, state, and community levels.

Coordination with other Needs Assessment/strategic planning efforts

State Title V Block Grant Needs Assessment

DOH is currently completing Washington's Title V MCH Block Grant 2010 Needs Assessment. Home Visiting Needs Assessment project staff are involved in the Title V Needs Assessment and working closely with the staff leading it. The MCH Block Grant Needs Assessment includes data pertinent to the Home Visiting target populations, including demographic information on the MCH population, information on emerging issues such as budget cuts and their impact on the children and families, and health status changes such as a recent state increase in infant mortality. We will review the data in the Title V Block Grant Needs Assessment for possible use in the Home Visiting Needs Assessment.

Head Start communitywide strategic planning and needs assessments

DOH Head Start partners, the Administration for Children and Families Region X Office, our Head Start-State Collaboration Office, and the Washington State Association for Head Start and ECEAP (Early Childhood Education and Assistance Program, the state preschool program), have provided information about Head Start programs and the numbers of children served. At this point, it appears there is no statewide summary of communitywide strategic planning and needs assessments. We are working with the Head Start partners to determine the most efficient way to

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coordinate with the 56 local plans and needs assessments. Although we look forward to this opportunity to coordinate with Head Start programs in Washington at state and local levels and hear the perspectives of at-risk (low income) families and local communities, this will be a challenge.

Child Abuse and neglect prevention programs' inventory of unmet needs and current community-based and prevention-focused programs and activities, and other family resource services related to Title II of the Child Abuse Prevention and Treatment Act

In Washington State, the Title II CAPTA agency is the Council for Children and Families (CCF). DOH is a longstanding CCF member. We coordinate with CCF on an ongoing basis and look forward to building on this relationship as we conduct the Home Visiting Needs Assessment. We welcome the perspective of strengthening families and child abuse prevention. CCF is the lead for the Strengthening Families initiative in Washington State. DOH, other state agencies, the military, and private organizations work with CCF to implement this initiative which seeks to reframe child abuse prevention to a focus on protective factors across child-serving systems. DOH is reviewing information from CCF regarding unmet needs and current programs funded with Title II CAPTA funds. This will inform our Home Visiting Needs Assessment. We will invite a review of the draft Needs Assessment by CCF (staff, council members, and stakeholders), and the Strengthening Families Advisory Committee.

Approach to conducting Needs Assessment

Collection of data and information

Early in the Needs Assessment process, we will work with stakeholders to identify potential data indicators, data sources, and data owners, and to identify the geographic levels for which the data are available. A Cross Agency Governance Structure will decide on the key indicators. Many of the data sources, including vital statistics, are available at DOH. We will work with agencies outside DOH to access other needed data files. These agencies have agreed to share data for the Needs Assessment with DOH and have identified points of contact within their agencies. Confidential data will be obtained with a data sharing agreement and confidential data files will be stored on a server accessible only to the MCH Assessment staff working on the Needs Assessment. MCH Assessment staff are exploring different methods to create an overall index to identify communities of highest risk. Staff will develop a final method after consulting with other state agency partners. Analysis and mapping of data will occur in Excel, STATA (version 10.1), and ArcGIS. Throughout the Needs Assessment, we will continue to work with the Cross Agency Governance Structure to ensure coordination in this work.

Stakeholders and partner collaboration in information gathering

Many organizations across the state are involved in or have an interest in promoting child health, early learning, and family strengthening through home visiting. Their collective knowledge and experience will strengthen the Needs Assessment and the ultimate home visiting program across the state. Recognizing this, DOH has been working with key partners from the beginning of this project, as well as working to identify a comprehensive list of potential partners and a plan for collaborating with them.

We have identified and are working with critical partners that have an interest in this project or hold key data. These include the state's Department of Early Learning; Department of Social and

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Health Services; Office of Superintendent of Public Instruction; the Council for Children and Families; the Administration for Children and Families Region X Office; our Head Start-State Collaboration Office; and the Washington State Association for Head Start and ECEAP.

DOH is working to involve, inform, and get input from other project partners that are involved in home visiting or have an interest in the project outcome. These include federal, state and local government agencies, other governments (tribes), and private organizations. We are holding weekly webinars to keep them up-to-date on the project and receive their input. DOH is also sharing information and gathering comments about the project through a listserv and a project website, which are open to the public. We are promoting a project email-box for input and questions, and responding to emails within two business days.

Coordination with other state conducted, statewide and communitywide needs assessments.

In addition to coordinating with the MCH Block Grant, Head Start, and child abuse prevention needs assessments, the Home Visiting Needs Assessment will coordinate with other related needs assessments. These include information from the Early Childhood Systems grant, Project LAUNCH grant, the statewide early learning plan, and the Family Policy Council's assessment of community mobilization. We will also build on past collaboration efforts, including the work begun by the cross agency, public-private, state-local workgroup led by the Council for Children and Families (CCF) in response to Senate Bill 5830 in 2007. This legislation required CCF to develop of a plan with the Departments of Health, Social and Health Services, Early Learning and the Family Policy Council to coordinate or consolidate home visiting services. A workgroup was convened and a report was submitted to the legislature that included an inventory of home visiting programs. The state did not implement the workgroup recommendations.

Other eligible applicants concurrence in this application

DOH, the Department of Early Learning, the Department of Social and Health Services, and the Council for Children and Families have been communicating since the announcement of this funding opportunity. We have had in person, telephone, and web conferences, in addition to email exchanges. These are happening at all levels from the Secretaries and Director of the agencies involved to staff working in program areas that would be impacted. Drafts of application documents have been shared between agencies and all parties have worked to develop a coordinated application. This close communication and coordination of information have ensured that all required parties sign off on this application.

The Needs Assessment will be reviewed by the Cross Agency Governance Structure described in the section below. This Cross Agency Governance Structure will include representation from each of the entities identified in the funding opportunity Eligible Applicant section. This shared decision making structure will ensure that all required parties sign off on the Needs Assessment.

Technical assistance needs

- How do we develop effective and efficient Cross Agency Governance Structures? What approaches work and what issues do we need to think about?
- How do we define *community* as we identify high risk communities? Must they be defined by geographic proximity? Or could we also target racial, ethnic, social-economic status, or other communities that span large regions state?

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- What strategies to prioritize high risk communities among communities with multiple risk factors have been found to be effective? What strategies could we employ to consider other factors such as communities' readiness to implement programs in our decision about where implement programs?
- What strategies have been effective in assuring cultural sensitivity in evidence-based home visiting programs, so that the programs will be successful with target communities?
- What are some effective strategies to document the state's existing home visiting services and capacity in a way that is meaningful and organized? How do we capture the program details without losing the big picture?

Additional technical assistance needs include: communications and marketing, fiscal leveraging and sustainability strategies, cross systems data collection for evidence-based home visiting programs, and work force issues.

Intent to apply for Evidence-Based Early Childhood Home Visiting Delivery grant

Washington State intends to apply for the grant to deliver evidence-based early childhood home visiting services.

Fund administration entities

Decision making authority for the Washington State Home Visiting program, including decisions about spending program funds will rest with a Cross Agency Governance Structure consisting of the Department of Early Learning (DEL), the Department of Health (DOH), the Department of Social and Health Services (DSHS), and the Council on Children and Families (CCF). Together these agencies are responsible for administering health, early learning and social and economic programs to promote maternal infant and early childhood health and development in Washington State. DOH will be the program fiscal agent and administer program funds. DEL will coordinate the Cross Agency Governance Structure and program planning.

DOH has the capacity to administer the Home Visiting Program grant. DOH's annual operating budget is \$549 million. The agency is responsible for administering the Title V Block Grant and a variety of other federal grants related to maternal and child health priorities and performance measures. DOH works across systems in partnership with diverse organizations to plan, implement, and sustain programs for children and families. These partners include state agencies, private organizations, local public health, and other community organizations. DOH's Administrative Services Division provides finance and contracting support to agency programs, ensuring administrative support and technical assistance in contracting, procurement, budget, payroll, vendor payment, accounts receivable, grant accounting, federal financial compliance and local health financial coordination.

The Department of Early Learning (DEL) was created in 2006 to focus on children's earliest years of life. DEL offers information and resources for parents, children's first and most important teachers. They also set rules for licensed child care settings, both in family homes and child care centers. This includes supporting child care providers to meet safety and health requirements; funding the state preschool program, Early Childhood Education and Assistance Program (ECEAP), which includes connections to medical, dental and nutrition support; partnering with the Department of Social and Health Services to administer Working Connection Child Care; coordinating Early Support for Infants and Toddlers, early intervention services for

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children, birth to three who have disabilities and/or developmental delays (including specialized instruction, and speech, occupational, or physical therapy); and investing in early reading projects with their private partner, Thrive by Five Washington.

A Partnership Group consisting of other state agencies such as the Office of the Superintendent of Public Instruction (K-12 education), the Family Policy Council, Thrive By five (a public-private partnership focusing on Early Learning), the Home Visiting Coalition, family and community representatives, and other important partners will advise the Cross Agency Governance Structure.

Identifying populations to be served

The process to identify high-risk communities will be finalized in collaboration with the Cross Agency Governance Structure and other partners. We are planning a two step process. For the data component, we intend to create an index using key indicators across the topic areas. We will work with other state agencies to determine the best method and set of indicators to use. Each indicator will be sorted, grouped into quartiles or quintiles, and ranked high to low based on their data. The individual indicator rankings will then be summed to create an index. The index will identify those areas in the state that are higher than the state average for multiple indicators. We will then create an overall map showing communities with concentrations of multiple high ranking indicators.

The Cross Agency Governance Structure will develop consensus for targeting high risk communities. Information from both the index and the consensus document will be used to identify high risk communities.

Once high-risk communities are identified, the demographics will be reviewed to identify potential populations to target within those communities.

Selecting effective models to meet identified needs

The Cross Agency Governance Structure will use the Needs Assessment to identify best fit between the populations that have the greatest needs and the approach and outcomes of the evidence-based models. Selection of prospective evidenced-based models will be based on the fit between the needs of the community and the goals of the models.

Washington State assures that it will:

1. Give priority to serving low-income eligible families and eligible families in at-risk communities, in adherence with the completed statewide Needs Assessment,
2. Obtain and submit documentation or other appropriate evidence from the organization or entity that developed the service delivery model or models used to verify that the program is implemented and services are delivered according to the model's specifications,
3. Establish procedures to ensure that the participation of each eligible family is voluntary and that services are provided to an eligible family in accordance with the individual assessment for that family,
4. Submit annual reports to the Secretary regarding the program and its activities,

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5. Participate in and cooperate with data and information collection necessary for the evaluation required under section 511(g)(2) and other research and evaluation activities carried out under section 511(h)(3), and

Washington State does not have a current ACF funded Evidence-Based Home Visiting cluster project.

The populations to be served and the service delivery models will be consistent with the completed statewide Needs Assessment.

The service delivery models will be consistent with the evidence-based criteria established pursuant to §511(d)(3)(A) of the Act and forthcoming HHS guidance.

Identifying quantifiable measurable benchmarks

As part of the program planning, the Cross Agency Governance Structure will develop a logic model or long term plan with three and five year benchmarks tied to the long term outcomes in the logic model. These benchmarks will be measurable, realistic, and based specifically on the expected outcomes shown in the literature for the chosen home visiting models and required by the program guidance. We will build upon the cross model evaluation work of Washington State Council for Children and Families as we develop the benchmarks. Washington State assures that it will report on these benchmarks in the third and fifth years of the program.

Existing state home visiting programs

Washington State does not have any evidenced-based home visiting programs that serve the entire state. Four evidence-based models, *Early Head Start*, *Parents As Teachers*, *Parent-Child Home Program*, *Nurse-Family Partnership*, are currently running in many Washington communities. Additionally, home visiting services for pregnant women and children are available through First Steps, the state's enhanced Medicaid program for pregnant women and infants. Other home visiting programs and programs with home visiting components in Washington State include:

- Local public health home visiting (funded by Title V Block Grant and other public and private funds).
- Home visiting in Thrive By Five Washington/Bill and Melinda Gates Foundation early learning demonstration sites (White Center in King County and East Yakima in Yakima County).
- Home visiting programs administered by other local agencies and community organizations, for example, United Way.
- Evidence-based and promising home visiting funded by the Council for Children and Families (Title II CAPTA)
- Head Start and the state preschool program, Early Childhood Education and Assistance Program (ECEAP) both include a home visiting component.
- Home visiting for infants and toddlers with disabilities, funded in part by the Early Support Program for Infants and Toddlers, IDEA Part C.

Department of Health (DOH)

DOH Home Visiting Project Staff

Total level of effort: 0.72 FTE

As fiscal agent and member of the Cross Agency Governance Structure that will jointly administer the Home Visiting Project in Washington State, DOH will reassign existing staff to this project.

Victoria Henderson, Child and Adolescent Health Consultant (0.75 FTE * 2.5 months = 0.16 FTE)

Ms. Henderson has experience as both a participant in and coordinator of a variety of cross-agency efforts, including the Early Childhood Comprehensive System (ECCS), SAMHSA Project LAUNCH, and Mental Health Transformation federal grant projects. Ms. Henderson is a staff member with the DOH Maternal, Infant, Child, and Adolescent Health section. She has experience in project planning, project management, and inter/intra-agency and stakeholder collaboration. Ms. Henderson has represented DOH in planning and policy development efforts with other state agencies and organizations, related to children, youth and family social emotional well-being, mental health, home visiting and the prevention of child abuse and neglect.

Ms. Henderson will be responsible for management of the DOH portion of this project, including overall management of the Needs Assessment, and ensuring that federal reporting and accounting requirements are met.

Epidemiologist (Non-medical), Diane Pilkey (0.50 FTE * 2.5 months = 0.10 FTE)

Diane Pilkey is a staff member from the DOH Office of Maternal and Child Health Assessment section. She will be responsible for leading planning and implementation of data collection and analysis. Ms. Pilkey will design and refine the data collection and analysis plan for the project; design program evaluation and development of performance measures and benchmarks; work with project team and stakeholders to collect, analyze and manage data; compile, maintain, and analyze data and reports; provide public health information and consultative services related to assessment, evaluation and data; work with project team to complete needs assessment; present data and analysis to a variety of audiences.

Kathy Chapman RN, MN, Project Director (0.25 FTE * 2.5 months = 0.05 FTE)

Kathy will serve as the Project Director. She will be responsible for Home Visiting project oversight and for supervising and supporting the DOH Home Visiting Project team. Ms. Chapman reports to the Washington State Title V director and is responsible for oversight of all programs in the Maternal, Infant, Child, and Adolescent Health (MICAHA) section. These programs range from preconception to adolescent health.

Other DOH staff (1.95 FTE * 2.5 months = 0.41 FTE)

Other DOH staff will contribute to this project as needed. These will include a MICAHA Health Services Consultant who will focus on Washington's capacity for providing substance abuse treatment and counseling services to individuals and families in need of such treatment or services; administrative support; and any other consultation, technical assistance, or support that is required.

Mary Selecky, Secretary of State Department of Health

Title V agency



STATE OF WASHINGTON

DEPARTMENT OF HEALTH

PO Box 47890 • Olympia, Washington 98504-7890

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July 8, 2010

Audrey M. Yowell, PhD, MSSS
Health and Recovery Services Administration
Maternal and Child Health Bureau
5600 Fishers Lane, 18A-39
Rockville, Maryland 20857

Dear Dr. Yowell:

As the Secretary of the Washington State Department of Health, the state's Title V agency, I agree to be the fiscal administrator and apply for and administer the FFY 2010 home visiting funds allocated through the Affordable Care Act Maternal, Infant and Early Childhood Home Visiting Program, on behalf of Washington State.

I have committed the Department of Health to serve as the lead for completing the Home Visiting Needs Assessment. I understand the Department of Early Learning will take the lead for coordinating the Cross Agency Governance Structure and developing the Washington State plan for early childhood home visitation.

I am pleased to bring the expertise and resources of the Department of Health to this unprecedented collaborative opportunity to improve health and developmental outcomes for at-risk children.

Sincerely,

A handwritten signature in cursive script, reading "Mary C. Selecky".

Mary C. Selecky
Secretary

cc: Riley Peters, Department of Health

Elizabeth Hyde, Secretary of Department of
Early Learning

Early Learning Systems & HSSCO



STATE OF WASHINGTON

DEPARTMENT OF EARLY LEARNING

P.O. Box 40970, Olympia, Washington 98504-0970
(360) 725-4665 • FAX (360) 413-3482

July 8, 2010

Audrey M. Yowell, PhD, MSSS
Health and Recovery Services Administration
Maternal and Child Health Bureau
5600 Fishers Lane, 18A-39
Rockville, Maryland 20857

Dear Dr. Yowell:

As the Director of the Washington State Department of Early Learning, I agree with the designation of the Department of Health to apply for and administer the FFY 2010 home visiting funds allocated through the Affordable Care Act Maternal, Infant and Early Childhood Home Visiting Program on behalf of the state. Washington State will administer these funds through a planned Cross Agency Governance Structure. The Department of Social and Health Services agrees to participate in the cross governmental structure.

I understand that the Department of Health will serve as the lead for completing the Home Visiting Needs Assessment. I am pleased to commit the Department of Early Learning to take the lead for coordinating the Cross Agency Governance Structure and developing the Washington State plan for early childhood home visitation.

As the lead agency for implementing a state early learning system, including state funded evidence-based home visiting programs, I am pleased to commit my agency's participation in this unprecedented collaborative opportunity to improve health and developmental outcomes for at-risk children.

Sincerely,

A handwritten signature in cursive script that reads "Elizabeth M. Hyde".

Elizabeth M. Hyde, Ph.D.
Director

Joan Sharp, Executive Director of Council for
Children and Families

CAPTA Title II agency



**STATE OF WASHINGTON
OFFICE OF THE GOVERNOR**

COUNCIL FOR CHILDREN & FAMILIES

*605 First Ave, Suite 412, Mail Stop N17-7 • Seattle WA 98104 - (206) 464-6151 • Fax (206) 464-6642
E-Mail: ccf@ccf.wa.gov • Web: www.ccf.wa.gov*

July 8, 2010

Audrey M. Yowell, PhD, MSSS
Health and Recovery Services Administration
Maternal and Child Health Bureau
5600 Fishers Lane, 18A-39
Rockville, Maryland 20857

Dear Dr. Yowell:

As the Executive Director of the Council for Children and Families, Washington State's Title II CAPTA agency, I agree with the designation of the Department of Health to apply for the FFY 2010 evidence based home visiting funds allocated through the Affordable Care Act Maternal, Infant and Early Childhood Home Visiting Program on behalf of the state.

I understand that the Department of Health will serve as the lead for completing the Home Visiting Needs Assessment and that the Department of Early Learning will take the lead for coordinating the cross agency governance structure and developing the Washington State plan for early childhood home visitation. The Council for Children and Families agrees to participate in the cross governmental structure being established to administer these funds.

The Council for Children & Families established Washington State's program of evidence based home visiting services in 2007 as part of our mission and mandate to lead the prevention of child abuse and neglect in our state. Having administered state funding for multiple evidence based home visiting program models through performance based contracts, provided program development support for their effective implementation, and established an evaluation being carried out in partnership with Washington State University, we look forward to bringing our knowledge and experience to this opportunity to assure the effective coordination and delivery of critical child abuse and neglect prevention, health, development, early learning, and family support services to improve health and developmental outcomes for the children and families in communities at risk in our state.

Sincerely,

Joan Sharp
Executive Director

Susan Dreyfus, Secretary of State Department of
Social and Health Services

Substance abuse services agency



STATE OF WASHINGTON

DEPARTMENT OF SOCIAL AND HEALTH SERVICES
P.O. Box 45040, Olympia, Washington 98504-5040

July 8, 2010

Audrey M. Yowell, Ph.D., MSSW
Health and Recovery Services Administration
Maternal and Child Health Bureau
5600 Fishers Lane, 18A-39
Rockville, Maryland 20857

Dear Dr. Yowell:

As Secretary of the Department of Social and Health Services, Washington State's Single State Agency for Substance Abuse Services, I agree with the designation of the Department of Health to apply for the FFY 2010 home visiting funds allocated through the Affordable Care Act Maternal, Infant and Early Childhood Home Visiting Program on behalf of the state. Washington State will administer these funds through a planned Cross Agency Governance Structure. The Department of Social and Health Services agrees to participate in the cross governmental structure.

I understand that the Department of Health will serve as the lead for completing the Home Visiting Needs Assessment. The Department of Early Learning will take the lead for coordinating the Cross Agency Governance Structure and developing the Washington State plan for early childhood home visitation.

As the lead agency for economic assistance, Medicaid, substance abuse, child welfare, mental health and disabilities and other services, I am pleased to commit my agency's participation in this unprecedented collaborative opportunity to improve health and developmental outcomes for at-risk children.

Sincerely,

A handwritten signature in dark ink, appearing to read "Susan N. Dreyfus".

Susan N. Dreyfus
Secretary

David Dickinson, Director of DSHS Division of
Behavioral and Recovery Services

Substance Abuse Services



STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
Aging and Disability Services Administration
Division of Behavioral Health and Recovery
PO Box 45330, Olympia, WA 98504-5330

July 8, 2010

Audrey M. Yowell, PhD, MSSW
Health and Recovery Services Administration
Maternal and Child Health Bureau
5600 Fishers Lane, 18A-39
Rockville, Maryland 20857

Dear Dr. Yowell:

As Director of the Division of Behavioral and Recovery Services, Washington State's Single State Agency for Substance Abuse Services, I agree with the designation of the Department of Health to apply for the FFY 2010 home visiting funds allocated through the Affordable Care Act Maternal, Infant and Early Childhood Home Visiting Program on behalf of the state. Washington State will administer these funds through a planned Cross Agency Governance Structure. The Department of Social and Health Services agrees to participate in the cross governmental structure.

I understand that the Department of Health will serve as the lead for completing the Home Visiting Needs Assessment. The Department of Early Learning will take the lead for coordinating the Cross Agency Governance Structure and developing the Washington State plan for early childhood home visitation.

As the lead agency for substance abuse and recovery services, I am pleased to commit my agency's participation in this unprecedented collaborative opportunity to improve health and developmental outcomes for at-risk children.

Sincerely,

A handwritten signature in dark ink, appearing to read "David A. Dickinson".

David A. Dickinson
Director

Jennifer Jennings-Shaffer, Director

State Head Start State Collaboration Office



STATE OF WASHINGTON

DEPARTMENT OF EARLY LEARNING

P.O. Box 40970, Olympia, Washington 98504-0970
(360) 725-4645 • FAX (360) 413-3493

July 8, 2010

Audrey M. Yowell, PhD, MSSS
Health and Recovery Services Administration
Maternal and Child Health Bureau
5600 Fishers Lane, 18A-39
Rockville, Maryland 20857

Dear Dr. Yowell:

As Director of Washington State's Head Start - State Collaboration Office, located in the Department of Early Learning, I agree with the designation of the Department of Health to apply for and administer the FFY 2010 home visiting funds allocated through the Affordable Care Act Maternal, Infant and Early Childhood Home Visiting Program on behalf of the state.

I understand that the Department of Health will serve as the lead for completing the Home Visiting Needs Assessment. The Department of Early Learning will take the lead for coordinating the Cross Agency Governance Structure and developing the Washington State plan for early childhood home visitation.

This funding will provide an unprecedented opportunity for collaboration at the federal, state, and community levels to improve health and development outcomes for at-risk children through evidence-based home visiting programs. The funds will help Washington assure effective coordination and delivery of critical health, development, early learning, child abuse and neglect prevention, and family support services through the state's home visiting programs.

Sincerely,

A handwritten signature in black ink, appearing to read "Jennifer Jennings-Shaffer".

Jennifer Jennings-Shaffer
Director, Head Start - State Collaboration Office

To assure coordination across the key state agencies, the Home Visiting program will be administered by a Cross Agency Governance Structure consisting of the Department of Early Learning (DEL), the Department of Health (DOH), the Department of Social and Health Services (DSHS), and the Council on Children and Families (CCF). Together these agencies are responsible for administering health, early learning, and social and economic programs to promote maternal infant and early childhood health and development in Washington State. The Cross Agency Governance Structure will have decision authority for expenditures, communities to be targeted, selection of home visiting models, and other major decisions.

The Department of Social and Health Services is an integrated organization with the mission to improve the safety and health of individuals, families, and communities by providing leadership and establishing and participating in partnerships. They are the state agency for economic assistance, Medicaid, substance abuse, child welfare, mental health and disabilities and other services. DSHS brings an appreciation of the value of prevention and the potential to maximize several funding sources and programs to support families to the Cross Agency collaboration.

The Council for Children and Families promotes the optimal development of children and families by leading Washington State in its efforts to prevent child abuse and neglect. CCF has funded evidence based home visiting services since 2007. They have administered state funding for multiple evidence-based home visiting program models, provided support for effective implementation, and conducted an evaluation of the multiple evidence-based models. CCF brings knowledge and experience about implementing evidence-based home visiting in communities to the Cross Agency collaboration.

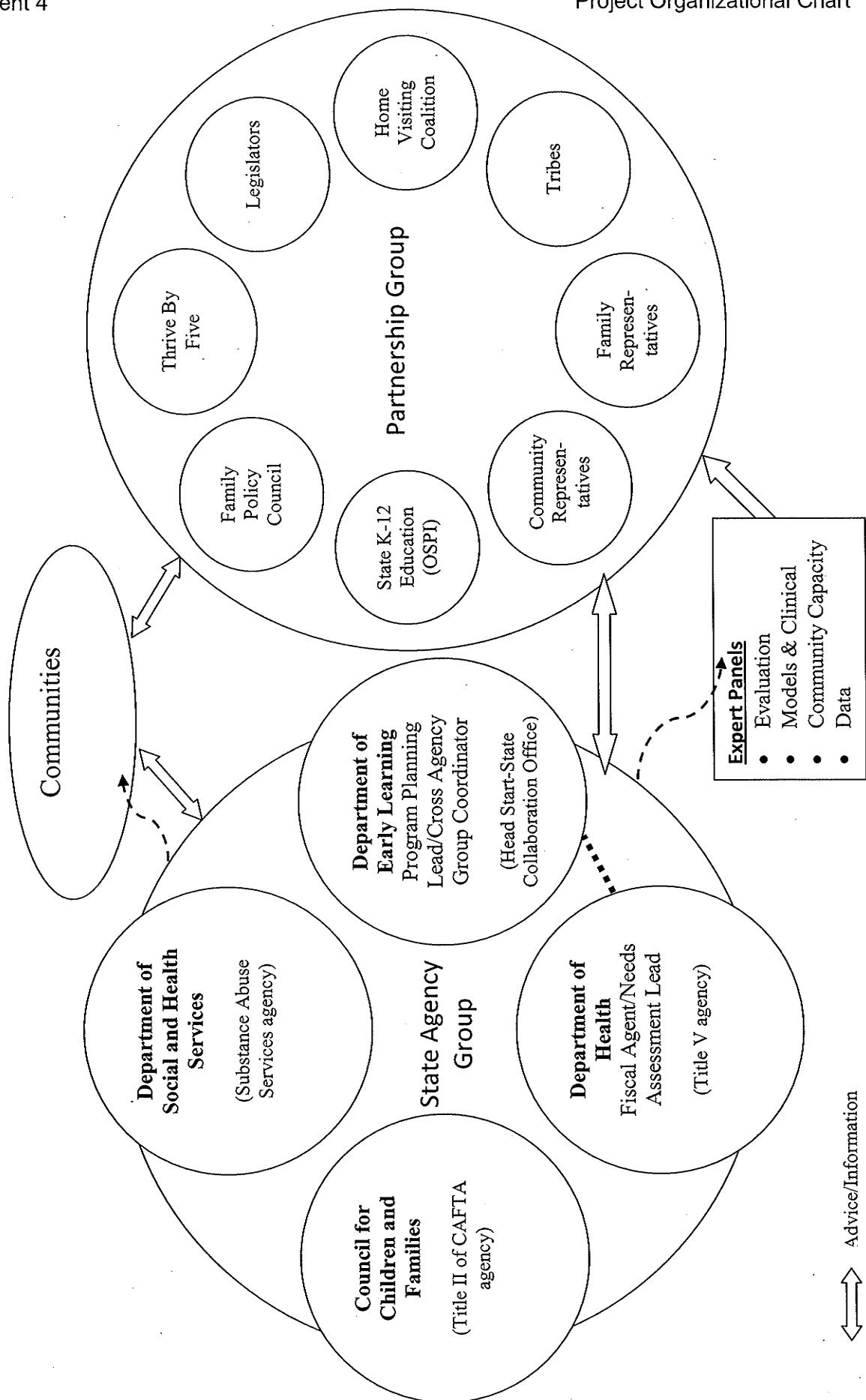
The Department of Early Learning was created in 2006 to focus on Washington children's earliest years of life. DEL sets rules for licensed child care settings, both in family homes and child care centers, supports child care providers to meet safety and health requirements; funds the state preschool program, which includes connections to medical, dental and nutrition support; and coordinates the Early Support for Infants and Toddlers program, (IDEA, part C). DEL is also the lead agency for implementing a state early learning system, including state funded evidence-based home visiting programs, and oversees a public private partnership to promote evidence based home visiting in the state.

The Department of Health works with its federal, state and local partners to help people in Washington stay healthier and safer. DOH programs and services help prevent illness and injury, promote healthy places to live and work, provide education to help people make good health decisions and ensure our state is prepared for emergencies. DOH is responsible for administering the Title V Block Grant and a variety of other federal grants related to women's health and maternal and child health. DOH works across systems in partnership with diverse organizations to plan, implement, and sustain programs for children and families.

A Partnership Group consisting of other state agencies such as the Office of the Superintendent of Public Instruction (K-12 education) and the Family Policy Council; Thrive By Five, a public-private partnership focusing on Early Learning; the Home Visiting Coalition; Family and Community representatives; and other partners will advise the Cross Agency Governance Structure. Several expert panels will provide recommendations to the Partnership Group and Cross Agency Governance Structure. Each panel will have broad representation and will promote input and expertise from academia, communities, programs, advocates, and families.

DOH will be the fiscal agent for the program funds. DOH will execute an agreement with DEL to coordinate the Cross Agency Governance Structure and to lead the Home visiting Program planning process for Washington State.

Washington State Home Visiting Program Cross Agency Governance Structure



DOH Home Visiting Needs Assessment Data "Road Map"

Community Indicator	Potential Data	Reports	Agency	Smallest area of analysis
Risk Factors and Benchmark Areas				
Premature birth	Birth certificate-SAS files	MCH Data report	DOH	Zipcode, city, county, geocoded to census tract, block and school district
Low birth weight infants	Birth certificate-SAS files	MCH Data report	DOH	Zipcode, city, county, geocoded to census tract, block and school district
Infant mortality	Death certificate-SAS files	MCH Data report	DOH	Zipcode, city, county, geocoded to census tract, block and school district
Infant death due to neglect	CPS data		DSHS-CA	
Other indicators of at-risk prenatal, maternal, newborn, or child health				
Prenatal care access	Birth certificates-SAS	MCH Data Report	DOH	Zipcode, city, county, geocoded to census tract, block and school district
First-time mothers	Birth certificates-SAS	MCH Data Report	DOH	Zipcode, city, county, geocoded to census tract, block and school district
Teen pregnancy	Pregnancy file-SAS	MCH Data Report	DOH	Zipcode, city, county, geocoded to census tract, block and school district
Child mortality and injury	Death certificates-SAS	MCH Data Report	DOH	Zipcode, city, county, geocoded to census tract, block and school district
Overweight/ Obesity	Child/ maternal: HYS & Birth certificates		DOH	HYS-County, district
Poverty	ACS; HYS; BRFSS; OSPI; Medicaid births		US Census; CDC; OSPI	County, school district; census tract
Crime	WSPC-Excel files	Uniform Crime Reports	WSPC; DOC; DSHS-JRA	City, County
Domestic violence	WSPC-Excel files BRFSS, PRAMS, HYS	Uniform Crime Reports	WSPC	UCR-City, County Survey Data-county
High school drop-out	OSPI		OSPI	County, district
Substance abuse	Multiple	Profiles	DSHS-Research & Data Analysis	County, school district
Unemployment	US-BLS; WA Employment Security		US-BLS, WA Employment Security	
Child maltreatment	DSHS-CA		DSHS-CA	County?
Existing Early Childhood Home Visiting Programs				
Number and types of children receiving services	Nurse-Family Partnership data		NFP-NSO	

Community Indicator	Potential Data	Reports	Agency	Smallest area of analysis
	Early Head Start (EHS) data	Program Information Reports (PIR) for EHS; American Indian/Alaska Native EHS; Migrant and Seasonal Head Start	DEL; HSSCO; Administration for Children & Families Region X	
	Parent-Child Home Program data	Summary of Evaluation Findings, Oct 2009	Business Partnership for Early Learning	
	Parents As Teachers data		Parent Trust for Washington Children	
	Other evidence based home visiting programs?		Local health jurisdictions; other stakeholders	
	Other home visiting programs data (First Steps, Public Health home visiting)		DOH; DSHS; Local health jurisdictions	
Number and types of families receiving services	Need to clarify, same sources as children data above			
Extent to which home visiting programs are meeting needs of eligible families (per this law)	DOH will discuss, hopefully next FOA will provide details			
State's capacity for providing substance abuse and counseling services				
Substance Abuse Services	Capacity not defined in the law – need to clarify		DSHS-Substance Abuse; DSHS-Medicaid & Fee for Service; First Steps?	

Acronyms:

ACS	American Community Survey (US Census Bureau)	DSHS-CA	DSHS-Children's Administration
BRFSS	Behavioral Risk Factor Surveillance System (CDC)	DSHS-JRA	DSHS-Juvenile Rehabilitation Administration
CDC	Centers for Disease Control and Prevention	HSSCO	Head Start-State Collaboration Office
Census	US Census Bureau	MCH	Maternal and Child Health
CPS	Child Protective Services	NFP	Nurse Family Partnership
DEL	Department of Early Learning	NFP-NSO	Nurse-Family Partnership National Service Office
DOC	Department of Corrections	PRAMS	Pregnancy Risk Assessment Monitoring System
DOH	Department of Health	WSPC	WA Association of Sheriffs and Police Chiefs
DSHS	Department of Social and Health Services	US-BLS	US Bureau of Labor Statistics